

MOTSWEDI SAVINGS AND CREDIT COOPERATIVE SOCIETY LIMITED

BOX 81027 GABORONE
TEPHONE NO: 3908227
FAX NO: 3191534
REGISTRATION NO: 143



TSHWARAGANO

CHRISTMAS SAVINGS TERMINATION FORM

PERSONAL DETAILS

First Name: _____ Surname: _____

Membership No: _____ Omang No: _____

Gender: _____ Date of Birth: _____ Retirement Date: _____

Civil Status: Single Married Divorced Windowed

Postal Address: _____

Physical Address: _____

Tel: _____ Cell: _____ Email: _____

Reason for termination: _____

BANK DETAILS

Bank Name: _____

Account No: _____

Branch Name: _____

Signature: _____ Date: _____

OFFICIAL USE

Savings Amount: BWP _____

Shares Amount: BWP _____

Quick Loan Balance: BWP _____

Total Amount Claim BWP _____

Prepared By: _____ Signature: _____ Date: _____

Checked By: _____ Signature: _____ Date: _____

Manager

Approved By: _____ Signature: _____ Date: _____

Board